Complete Summary

TITLE

Breast cancer detection - screening mammography: percent of enrollees who had at least one mammogram in the measure look-back period (MEDDIC-MS SSI).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Brief Abstract

DESCRIPTION

This measure tracks the rate of provision of breast cancer detection services to women in Supplemental Security Income (SSI) managed care by age cohort.

RATIONALE

The United States Preventive Services Task Force (USPSTF) found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women aged 50-69, the age group generally included in screening trials. For women aged 40-49, the evidence that mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50. The absolute benefit is lower among women in their 40s than it is among older women.

Both the National Cancer Institute (NCI) and the American Cancer Society (ACS) recommend mammograms for women over 40 years of age, and at earlier ages if certain risk factors are present. Women age 40 and over are an important segment of the Supplemental Security Income (SSI) managed care population and breast cancer prevention is a very important preventive health service for all women. It is also important to be able to assess the effectiveness of the mammography service in detecting invasive cancer in order to track follow-up and assess clinical outcome.

PRIMARY CLINICAL COMPONENT

Breast cancer; screening mammography

DENOMINATOR DESCRIPTION

The number of women age 40 to 49 years and age 50 years and older continuously enrolled with the same health maintenance organization/managed care organization (HMO/MCO) for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

NUMERATOR DESCRIPTION

The number of unduplicated enrollees from the denominator for each age cohort (40 to 49 years and 50 years and older) who had at least one mammogram in the measure look-back period based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee-for-service (FFS) Medicaid Evaluation & Decision Support (MEDS) data

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Screening for breast cancer: recommendations and rationale.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 40 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Women age 40 to 49 years and age 50 years and older continuously enrolled with the same health maintenance organization/managed care organization (HMO/MCO) for at least 304 days immediately prior to the measure end date* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.**

*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator. This is the date from which the look-back period begins.

**Measure look-back period: 12 months (365 days) from the measure end date. The measure look-back period may vary as specified by the Chief Medical Officer according to program needs.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date. Typically, measure end date is December 31 if a calendar year is to be measured, but it may be any date specified by the Chief Medical Officer according to program needs.

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of women age 40 to 49 years and age 50 years and older continuously enrolled with the same health maintenance organization/managed care organization (HMO/MCO) for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Exclusions
All enrollees with a history of bilateral radical mastectomy are excluded.

Refer to the original measure documentation for Current Procedure Terminology (CPT-2001) and International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of unduplicated enrollees from the denominator for each age cohort (40 to 49 years and 50 years and older) who had at least one mammogram in the measure look-back period based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee-for-service (FFS) Medicaid Evaluation & Decision Support (MEDS) data

Refer to the original measure documentation for Current Procedure Terminology (CPT-4/2001), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), and Revenue codes.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Two age cohorts* are reported:

- 40 to 49 years of age
- 50 years of age and older

*Age cohort is determined by enrollee age at the measure end date.

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002 for Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). Modifications made to base measure for Supplemental Security Income (SSI) do not affect measure accuracy or validity.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Breast cancer detection -- screening mammography. Mammograms provided to women by age cohort.

MEASURE COLLECTION

MEDDIC-MS (Medicaid Encounter Data Driven Improvement Core Measure Set). Rapid-cycle performance improvement measures system for Medicaid managed care.

MEASURE SET NAME

MEDDIC-MS SSI (Medicaid Encounter Data Driven Improvement Core Measure Set for Supplemental Security Income). Measures applicable to SSI managed care population.

MEASURE SUBSET NAME

Monitoring Measures -- SSI

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

MEASURE AVAILABILITY

The individual measure, "Breast cancer detection -- screening mammography. Mammograms provided to women by age cohort," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care (MEDDIC-MS SSI)."

State of Wisconsin
Department of Health and Family Services
DHCF/BMHCP
Gary R. Ilminen, RN, Nurse Consultant
1 W. Wilson Street, PO Box 309
Madison, WI 53701-0309

(608) 261-7839 Office
(608) 261-7792 Fax
ilmingr@dhfs.state.wi.us

NQMC STATUS

This NQMC summary was completed by ECRI on May 17, 2004. The information
was verified by the measure developer on May 27, 2004.

COPYRIGHT STATEMENT

No copyright restrictions apply.

Date Modified: 10/25/2004